



STATE OF MISSOURI
BOARD FOR CERTIFICATION OF INTERPRETERS
APPLICATION FOR PROVISIONAL CERTIFICATE IN EDUCATION

1103 Rear Southwest Boulevard
Jefferson City, MO 65109
(573) 526-5205 (V/TTY)

INSTRUCTIONS: Please complete the information below. This form must be typed or be in legible print. Return the completed notarized form along with \$60.00 cashier's check or money order (made payable to MCDHH/BCI Fund) to the address above (\$10.00 application fee, \$50.00 PCED fee). No personal checks accepted.		FOR OFFICE USE ONLY	
I hereby make application to the Board for Certification of Interpreters of the State of Missouri for certification under the laws of the State of Missouri, as a "Provisional Certificate in Education" and submit the following statements:		Date of Application	Fee Paid \$
		Dates of PCED From To	
I. APPLICANT INFORMATION			
NAME (Print in full, including middle initial)		HOME TELEPHONE NUMBER () (Voice/TTY/Both)	
PREVIOUS NAME(S) (If any)	DATE OF BIRTH / /	SOCIAL SECURITY NUMBER -- --	
E-MAIL ADDRESS		CELL PHONE/PAGER NUMBER () (Cell/Pager/Both)	
PRESENT ADDRESS (Street, City, State, Zip Code)			
<input type="checkbox"/> I am not currently certified. I have submitted a completed application to the State Committee of Interpreters for Licensure. I have submitted a completed application to the Board for Certification of Interpreters to test in the Missouri Interpreters Certification System.			
I currently hold the following valid MICS certification <input type="checkbox"/> Novice <input type="checkbox"/> Apprentice (attach copy of your card)		<input type="checkbox"/> I currently hold a valid License issued by the Missouri State Committee of Interpreters; License # _____ (attach copy of your license)	
II. PUBLIC SCHOOL DISTRICT (if any)			
A provisional certificate in education shall be limited to providing interpreters services in preschool, elementary and secondary school settings or as allowed by any other valid Missouri certification or license held by the individual. A provisional certificate in education may be revoked by the board if the person makes any misrepresentations or fails to fulfill any commitment made pursuant to paragraph (b) of subdivision (1) of this subsection, or violates the provisions of section 209.317 or 209.334 or breaks any of the ethical rules of conduct for interpreters as established by state rule or fails to obtain the necessary continuing education credits required for certification maintenance.			
START DATE OF SCHOOL YEAR / /		END DATE OF SCHOOL YEAR / /	
NAME OF PUBLIC SCHOOL DISTRICT WHERE EMPLOYED		DATE	
NAME OF PUBLIC SCHOOL DISTRICT ADMINISTRATOR		TELEPHONE NUMBER	
III. AFFIDAVIT OF APPLICANT			
I, the above-named, being first duly sworn upon my oath, state of follows: - That I have personally completed the foregoing application truthfully and completely, without omission; - That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to the best of my knowledge and belief; - That I will follow the Statute and Rules of the Missouri Interpreters Certification System and the State Committee of Interpreters; and - That I realize that I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under Section 575.050, RSMo.			
MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT		DATE
	STATE		COUNTY (or City of St. Louis)
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF 20		USE RUBBER STAMP IN CLEAR AREA BELOW
	NOTARY PUBLIC SIGNATURE	My Commission Expires	
	NOTARY PUBLIC NAME (Typed or Printed)		

Failure to complete any portion of this application may result in denial of certificate.